

871

**PLACE OF BIRTH**  
 County of Gila  
 District of San Carlos  
 Town of San Carlos  
 City of \_\_\_\_\_

**ARIZONA TERRITORIAL BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS. 88  
 ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 284  
 Local Registrar's No. \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

**FULL NAME OF CHILD** \_\_\_\_\_ { Born } YES  
 { Alive } NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Male { Twin, Triplet or other } Single { and } { Number in order of birth } 4 { Leg. male? } yes Date of Birth December 3rd 1910  
 (Month) (Day) (Yr.)

**FATHER**  
 Full Name Eskel Eltin  
 Residence San Carlos, Arizona  
 Color or Race Indian Age at last Birthday 34 (Years)

**MOTHER**  
 Full Maiden Name Ignat Nagas  
 Residence San Carlos, Ariz.  
 Color or Race Indian Age at last Birthday 23 (Years)

Birthplace Arizona  
 Occupation Day Laborer

Birthplace Arizona  
 Occupation Housewife

Number of child of this mother 4 Number of children, of this mother, now living 4 Were Precautions taken against Ophthalmia neonatorum? Yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on, \_\_\_\_\_ 19\_\_\_\_, at \_\_\_\_\_ M

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) \_\_\_\_\_

(Attending physician, midwife, householder. \*)

Given or christian name added from a

supplemental report \_\_\_\_\_ 191\_\_\_\_

Address \_\_\_\_\_

Filed Jan 5 1911

Dr. Carl B. Boyd  
 LOCAL REGISTRAR

Filed Jan 4 1911

B. S. G. G. G.  
 COUNTY REGISTRAR.

055-1203-091  
 COUNTY REGISTRAR.

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 3 days after birth.